EXHIBIT J

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Interim Guidance for Nursing Facilities During COVID-19 (3/18/20)

The Department of Health has received questions from nursing care facilities, associations, and constituents regarding best practices in nursing homes related COVID-19 including visitation policies. The Department is supporting guidance on critical measures issued by CMS for all nursing facilities, advise that facilities do the following:

- Restrict all visitors, effective immediately, with exceptions for compassionate care, such as during end-of-life situations
- Restrict all volunteers, non-essential health care personnel and other personnel (i.e. barbers);
    - This does not include the following:
        - Home-health and dialysis services;
        - The Department of Aging/Area Agency on Aging and the Department of Human Services *where there is concern for serious bodily injury, sexual abuse, or serious physical injury*; and
        - Hospice services offered by licensed providers within the nursing home facility.
- Restrict cross-over visitation from personal care home (PCH), Assisted Living, and/or Continuing Care Community residents to nursing homes. Ensure cross-over staff adhere to the facility's infection disease protocol.
- When there is evidence of community spread of COVID-19 within your county or adjacent counties, nursing care facilities should cancel all communal activities.
- When there is no community spread of COVID-19 within their county or adjacent counties, facilities should, at a minimum, implement social distancing in dining practices and group activities. The following recommended approaches should be considered:
    - **Testing**
        - Implement active screening of residents and health care personnel for fever and respiratory symptoms (Recommended Screening Questions below);
        - Staff should be screened at the beginning and end of every shift; and
        - Complete a Facility Entry Screening Form for each screening (Template accompanies this guidance)
        - If employees are ill or become ill during their shift, CMS recommends that facilities have employees put on a facemask and end their work shift, leave the building, and self-isolate at home.
    - **Admissions/Discharges**
        - Nursing care facilities must continue to accept new admissions and receive readmissions for current residents who have been discharged from the hospital who are stable to alleviate the increasing burden in the acute care settings. This may include stable patients who have had the COVID-19 virus.
            - Facilities should continuously consult the 2020 Health Alerts, Advisories and Updates for the most current information related to Test of Cure under the title "Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19

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in Healthcare Settings" See: https://www.health.pa.gov/topics/prep/PA-HAN/Pages/2020-HAN.aspx.

- Nursing care facilities should continue to employ normal discharge-to-home criteria to assist in LTC bed availability. If there has been a positive case, then appropriate quarantine measures shall be taken at the direction of the Department of Health of the CDC.

- **Dining services:**
  - Provide in-room meal service for those that are assessed to be capable of feeding themselves without supervision or assistance
  - Identify high-risk choking residents and those at-risk for aspiration who may cough, creating droplets
    - Meals for these residents should be provided in their rooms. If that is not possible then the residents should remain at least six (6) feet or more from others if in a common area for meals, with as few other residents in the common area as feasible during their mealtime
  - If residents are brought to the common area for dining, then the following steps must be taken:
    - Stagger arrival times and maintain social distancing;
    - Attempt to separate tables as far apart as possible; with goal of residents being at least six (6) feet apart;
    - Increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time;
    - Have residents sit at tables by themselves to ensure that social distancing between residents can be maintained; and
    - Staff should take appropriate precautions with eye protection and gowns for this high-risk for choking resident population, given the risk to cough while eating.
  - Residents who need assistance with feeding should be spaced apart as much as possible, ideally six (6) feet or more. Where it is not possible to have residents at six feet, than no more than one person per table (assuming a standard four [4] person table).
    - Staff members who are providing assistance for more than one resident simultaneously must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents.

- **Communal Activities**
  - Do not engage in communal activities unless doing so is necessary to maintain the health and welfare of the residents;
  - When there is evidence of community spread of COVID-19 within your county or adjacent counties, nursing care facilities should cancel all group activities and communal dining; and
  - If engaging in communal activities, only do so where a 6-foot separation can be maintained.

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- The following applies to any communal activities:
  - A resident can attend only if the resident has no fever or respiratory symptoms. – This requires the facility to perform evaluations as transporting to activity or as patients enter room;
  - The activity does not include food prep;
  - During the activity there are no shared bowls of food or containers of drinks (bottles or shared pitchers) such as pretzels, popcorn etc. If snacks are served, they must be individually wrapped, or drinks poured and served by staff;
  - No games where cards or game pieces would be passed between residents; and
  - Avoid group singing activities.

- OTHER
  - The infection control specialists designated by the facility must review PPE guidelines with all staff;
  - Minimize resident interactions with service providers (e.g. plumbers, electricians, etc.) through actions such as use of separate entrances, performing service at off-hours, and perform only essential servicing activities;
  - Arrange for deliveries to areas where there is limited person-to-person interaction;
  - Evaluate environmental cleaning practices and consider increasing frequency for high-tough surfaces; and
  - Remain adaptable, creative and supportive of all staff working in this pandemic situation.

The Centers for Medicare and Medicaid Services (CMS) provided additional guidance to nursing facilities to actively take employees temperature and document absence of shortness of breath, new or change in cough, and sore throat. If employees are ill or become ill during their shift, CMS recommends that facilities have employees put on a facemask and end their work shift, leave the building, and self-isolate at home.

Facilities should identify staff that work at multiple facilities and restrict them if appropriate, based on any knowledge of exposure to COVID-19 of residents in those facilities.

This is **immediately applicable to all nursing facilities in Pennsylvania**.

Please refer to the Department's website for the most up-to-date information.
Reference: https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf

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Recommended Screening Questions1:

All individuals entering the nursing home should be asked the following questions:

1. Has this individual washed their hands or used alcohol-based hand rub on entry?
   YES / NO – If no, please have them to do so

2. Ask the individual if they have any of the following respiratory symptoms?
   Fever
   Sore throat
   Cough
   Shortness of breath

   If YES to any of the above, restrict the individual from entering the nursing home.
   If NO to all of the above, proceed to question #3 for employees and step #4 for all others.

3A. For employees, you may check the employee's temperature and document results
   Fever (defined as temperature greater than or equal to 100.0 degrees Fahrenheit) present?

   If YES, restrict the individual from entering the nursing home.
   If NO, proceed to step 3B.

3B. For employees, ask if they have:
   Worked in facilities with recognized COVID-19 cases?

   If YES, ask if they worked with a person with confirmed COVID-19?
   YES/NO
   If YES, restrict them from entering the nursing home.
   If NO, proceed to step 4.

4. For visitors who are allowed to visit due to compassionate care situations *and are asymptomatic upon screening*, allow entry to the nursing home and remind the individual to:
   - Wash their hands or use alcohol-based hand rub throughout their time in the nursing home;
   - Not shake hands with, touch or hug individuals while in the nursing home;
   - Wear a facemask while in the nursing home and
   - Restrict their visit to the resident's room or other location designated by the facility.

1 American Healthcare Facilities Association

PENNSYLVANIA DEPARTMENT OF HEALTH
2020 – PAHAN – 508 – 5-12-ADV
ADVISORY: Test-based Strategies for Preventing Transmission of the Virus that Causes COVID-19 in Skilled Nursing Facilities

DATE:	5/12/2020
TO:	Health Alert Network
FROM:	Rachel Levine, MD, Secretary of Health
SUBJECT:	**ADVISORY: Test-based Strategies for Preventing Transmission of the Virus that Causes COVID-19 in Skilled Nursing Facilities**
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

This transmission is a Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL**; EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS**: PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

- Universal testing of residents and staff is one strategy to help inform infection prevention and control in skilled nursing facilities.
- Consider four key principles when using testing in skilled nursing care facilities.
  - Testing should not supersede existing infection prevention and control (IPC) interventions.
  - Testing should be used when results will lead to specific IPC actions.
  - The first step of a test-based prevention strategy should ideally be a point prevalence survey (PPS) of all residents and all HCP in the facility.
  - Repeat testing may be warranted in certain circumstances.
- Facilities should develop a plan for testing and post-testing intervention to include:
  - Logistics of resident and staff testing
  - Cohorting plan to include designated Red, Yellow, and Green zones, respective of testing result and exposure status.

Nursing home populations are at high risk for infection, serious illness, and death from COVID-19. Testing is one strategy to help inform prevention and control in the facility. The Department has developed these guidelines to expand upon CDC Considerations for Use of Test-Based Strategies for Preventing SARS-CoV-2 Transmission in Nursing Homes. If you have questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

KEY TERMS:

Testing or test: Laboratory tests that detect SARS-COV-2, the virus that causes COVID-19, using reverse transcription polymerase chain reaction (RT-PCR) testing are referred to here as testing or test.

SARS-CoV-2 infection: A term used throughout this document to indicate any person with a positive PCR test for SARS-CoV-2, regardless of whether they have symptoms or are asymptomatic. Persons with symptoms and a positive test are said to have COVID-19.

Healthcare personnel (HCP): Include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

Consider the following four key principles when using testing in nursing homes:

1. Testing should not supersede existing infection prevention and control (IPC) interventions.

Testing conducted at nursing homes should be implemented *in addition to* existing infection prevention and control measures recommended by the DOH, including visitor restriction, cessation of communal dining and group activities, monitoring all HCP and residents for signs and symptoms of COVID-19, and universal masking as source control. See PA-HAN-497 for more details about infection prevention and control and PA-HAN-500 for guidance about specimen collection.

2. Testing should be used when results will lead to specific IPC actions.

For example, test results can be used to:

- Cohort exposed residents to separate those with SARS-CoV-2 infection from those without detectable SARS-CoV-2 infection at the time of testing to reduce the opportunity for further transmission.
- Determine the SARS-CoV-2 burden across different units or facilities and allocating resources.
- Identify HCP with SARS-CoV-2 infection for work exclusion.
- Enable HCP to return to work after being excluded for SARS-CoV-2 infection.
- Discontinue transmission-based precautions for residents with resolved SARS-CoV-2 infection.

3. The first step of a test-based prevention strategy should be a point prevalence survey (PPS), ideally, of all residents and all HCP in the facility.

Testing of residents

Testing of residents should be aligned with consideration for testing capacity in the following order of priority:

1. Facility-wide PPS of all residents should be considered in facilities with suspected or confirmed cases of COVID-19. Early experience from nursing homes with COVID-19 cases suggests that when residents with COVID-19 are identified, there are often asymptomatic

residents with SARS-CoV-2 present as well. PPS of all residents in the facility can identify infected residents who can be cohorted on a pre-specified unit or transferred to a COVID-specific facility. If undertaking facility-wide PPS, facility leadership should be prepared for the potential to identify multiple asymptomatic residents with SARS-CoV-2 infection and make plans to cohort them.
    - If testing capacity is not sufficient for facility-wide PPS, performing PPS on **units with symptomatic residents** should be prioritized.
    - If testing capacity is not sufficient for unit-wide PPS, testing should be prioritized for **symptomatic residents and other high-risk residents**, such as those who are admitted from a hospital or other facility, roommates of symptomatic residents, or those who leave the facility regularly for dialysis or other services.
2. In facilities that do not have known cases of COVID-19, test 20% of residents weekly to identify early transmission. If any testing from the sample population is positive, the facility should plan to do facility-wide testing.

Testing of nursing home HCP

Testing of staff should be aligned with consideration for testing capacity in the following order of priority:

1. PPS of **all HCP** should be considered in facilities with suspected or confirmed cases of COVID-19. Early experience suggests that, despite HCP symptom screening, when COVID-19 cases are identified in a nursing home, there are often HCP with asymptomatic SARS-CoV-2 infection present as well. HCP likely contribute to introduction and further spread of SARS-CoV-2 within nursing homes.
2. In facilities that do not have known cases of COVID-19, test 20% of staff weekly to identify early transmission. If any testing from the sample population is positive, the facility should plan to do facility-wide testing.

CDC recommends **HCP with COVID-19 be excluded from work**. Follow PA-HAN-501 for Return-to-Work Guidance. Facility leadership should have a plan for meeting staffing needs to provide safe care to residents while infected HCP are excluded from work. If the facility is in Crisis Capacity and facing staffing shortages, see CDC guidance on Strategies to Mitigate Healthcare Personnel Staffing Shortages for additional considerations.

4. Repeat testing may be warranted in certain circumstances.

Initial PPS should be prioritized; repeat testing should be aligned with consideration for testing capacity. After initial PPS has been performed for residents and HCP (baseline) and the results have been used to implement resident cohorting and HCP work exclusions, nursing homes may consider retesting under the following circumstances:

Retesting of residents

- Retest any resident who develops symptoms consistent with COVID-19.
    - Consider retesting all residents who previously tested negative at some frequency shortly (e.g., 3 days) after the initial PPS, and then weekly to detect those with newly developed infection; consider continuing retesting until PPSs do not identify new cases.
    - DO NOT DELAY TESTING of symptomatic individuals until the next scheduled facility-wide testing event.

    - If testing capacity is not sufficient for retesting all residents, retest those who frequently leave the facility for dialysis or other services and those with known exposure to infected residents (such as roommates) or HCP.
- Use retesting to inform decisions about when residents with COVID-19 can be moved out of COVID-19 wards. See PA-HAN-502 for additional information.

Retesting of nursing home HCP

- Retest any HCP who develop symptoms consistent with COVID-19.
- Retest to inform decisions about when HCP with COVID-19 can return to work. Follow PA-HAN-501 for Return-to-Work Guidance.
- Consider retesting HCP at some frequency based on community prevalence of infections (e.g., once a week).

If testing capacity is not sufficient for retesting all HCP, consider retesting HCP who are known to work at other healthcare facilities with cases of COVID-19.

Facilities Should Develop a Plan for Testing and Post-Testing Intervention

Planning for Testing Logistics:

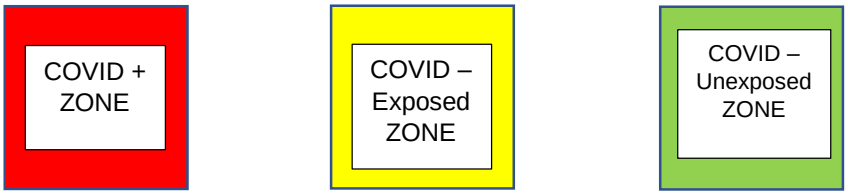
- Which asymptomatic residents will be tested? (all *symptomatic* residents should be tested)
- Which HCP should be tested?
- Which laboratory will provide collection materials and process specimens? Ideally, laboratories reporting results within 1-2 days should be used. Longer turn-around-times severely limits the utility of testing asymptomatic persons.
    - While testing can be completed at the state public health laboratory where timely commercial testing is not available, the large scope of the pandemic will require facilities to use their own resources to obtain testing results more rapidly.
    - Facilities should develop relationships with commercial laboratories for testing (including acquisition of supplies).
    - Facilities who cannot acquire testing supplies or who want to perform an initial PPS using the state public health laboratory should contact RA-DHCOVIDTESTING@pa.gov with the facility name in the subject.
- Who will obtain patient agreement and how will it be documented? DOH recommends using the same process as would be used for influenza testing or other related laboratory tests.
- Who will perform specimen collection?
- What PPE will be worn during testing and how often will it be changed?
    - The DOH recommends staff collecting swabs wear gowns, gloves, eye protection and respirators or facemasks, if respirators are not available. Gowns, eye protection and respirators or facemasks should be changed if coughed or sneezed upon or if otherwise soiled. Gloves must be changed between each test with hand hygiene performed with each glove change.
- What shipping supplies and refrigeration are needed?

Post-Testing Actions to Prevent Transmission:

For resident testing:

- Residents need to be cohorted to separate units in three zones, based on test results.
    - **COVID + test (Red Zone)**: residents with a positive SARS-CoV-2 PCR test and still within the parameters for transmission-based precautions

- **COVID – test potentially exposed (Yellow Zone):** residents with a negative SARS-CoV-2 PCR test who remain asymptomatic but are within 14 days of possible exposure to COVID-19
- **Unexposed (Green Zone):** any resident in the facility who was not tested and is thought to be unexposed to COVID-19



- The three types of residents listed above should not share common areas such as communal bathrooms and showers with other types of residents. The three zones should remain separate on the unit.
- Staff should be designated by zone *as much as possible* to minimize risk to exposed (Yellow) and non-exposed (Green) residents. Using staff in more than one zone should be prioritized as below, with the best option listed first, and the least desirable option last.

Best Option	Staff always work on the same unit, and units do not include more than one Zone. Staff do not cross over to other units.
	Staff always work on the same Zone, and do not cross over to other Zones. They may work in two or more exposed (Yellow) units, for example.
	Staff are assigned to specific Zones but must *occasionally* cover staffing needs in other Zones for certain shifts. Ideally, staff would not work in the COVID-positive (Red) unit and then return to exposed (Yellow) or unexposed units (Green).
	Staff always work in the same Zone during one shift but may work in different Zones on different shifts. Ideally, staff would not work in the COVID-positive (Red) zone and then return to exposed (Yellow) or unexposed (Green) units.
Least Desirable	Occasionally staffing needs require that certain staff work in more than one Zone during a single shift. That person must change all PPE and perform hand hygiene when going from one Zone unit to another. *Exception: respirators or facemasks that have been worn with a face shield can be worn continuously.* Ideally, this should be limited to key staff (e.g. RNs).

Zone Guidelines

- Zones should be clearly marked with limited access signs or temporary barriers to prevent unnecessary foot traffic to the area.
- Equipment should be dedicated ideally to each unit, and if necessary shared only between units of the same Zone. Any equipment that must be shared between

different Zones should be fully cleaned and disinfected between use. These occurrences should be rare.
- Full PPE must be used to care for residents in COVID+ (Red) and COVID- potentially exposed (Yellow) zones.
- COVID Positive (Red) and Unexposed (Green) units should be as far apart as possible within the facility.
- Unexposed (Green) units should be clearly marked with limited access signs or temporary barriers to prevent unnecessary foot traffic to the area.
- Occasionally, a laboratory may report an **inconclusive or indeterminant result** for SARS-CoV-2 PCR testing. For residents with these results, specimen collection should be repeated as soon as possible. The resident should be cared for within a COVID-potentially exposed (Yellow) zone while awaiting repeat test results.
- **Any resident who develops symptoms consistent with COVID, should be presumed positive**
  - Test for COVID-19 immediately if symptoms occur.
  - While awaiting test results, move to a private room or remove roommate from current room. Consider roommate exposed (Yellow). Keep resident in current unit if they are in an Exposed unit (Yellow). If the symptomatic resident is in an Unexposed (Green) zone, move to the Exposed (Yellow) zone in a private room.
  - If test positive, move to COVID Positive zone (Red).
- **De-escalating Zones:** When criteria set forth in PA-HAN-502 under "Discontinuing 'exposed' or 'affected' status for a unit or facility" are met:
  - A COVID Positive zone (Red) may be changed to Unexposed (Green) status
  - A COVID-potentially exposed (Yellow) Zone may be changed to Unexposed (Green) status where these criteria have been met and where exposure occurred at least 14 days ago.
- **Residents refusing testing**: occasionally asymptomatic residents may refuse to be tested. These residents, if potentially exposed to COVID-19, should be cared for in a COVID- potentially exposed (Yellow) zone until at least 14 days after exposure. If these residents develop fever or respiratory symptoms testing is recommended, and the testing request should be re-visited with the resident or responsible party.

For staff testing:

- Follow PA-HAN-501 for Return-to-Work Guidance.
  a. Staff with fever or respiratory symptoms should be excluded from work and isolated until they meet return to work criteria.
  b. Asymptomatic staff who test positive should be excluded from work and isolated for 10 days from the date of their first positive test (if they have not developed symptoms). *See exception for critical staffing needs below.*
- *Exceptions for critical staffing need*- Asymptomatic staff may be able to work, but facilities must ensure the following conditions exist prior permitting these staff to work:
  a. Asymptomatic staff with SARS-CoV-2 infection must only work with COVID-19 positive residents (Red Zone) and staff.
  b. Work areas for COVID positive and negative or untested staff must be kept separate, including break rooms, workstations and bathrooms.

If you have questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

Categories of Health Alert messages:
Health Alert: conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of May 12, 2020 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.

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May 12, 2020

Interim Guidance for Nursing Care Facilities During COVID-19

The Department of Health (Department) is providing the below guidance as an update to the guidance issued on March 18, 2020. Since the previous version of the guidance, the Department has issued several Health Alert Networks (HANs), which require greater detail in guidance for nursing care facilities (NCFs) regarding personnel allowed to access the facility amid visitor restrictions; health care personnel who become ill during their shift; admissions and readmissions for residents exposed to COVID-19; and testing for COVID-19 upon discharge from a hospital to an NCF. As well, the epidemiological understanding of COVID-19 has deepened, which resulted in a new section around cohorting residents, and the Secretary of Health issued an Order requiring facilities to report in Knowledge Center so the Department may have more real-time information in order to best serve facilities.

1. Admissions/Readmissions

All admissions and readmissions to NCFs must follow HAN 502 for Transmission-Based Precautions. Given the significant risk COVID-19 poses to residents of NCFs, the following guidelines should be followed related to admission and readmission of residents:

NCF Resident At Hospital for COVID-19 - Per HAN 502, if Transmission-Based Precautions are still required, the resident should be readmitted to an NCF with an ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients, and preferably be placed in a location designated to care for COVID-19 residents. - *NOTE*: Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for readmission. - If resident has already tested positive for COVID-19, do not test again as a condition for readmission. - A positive test result is not a reason to refuse readmission to a resident; rather, adhere to HAN 502.	**NCF Resident at Hospital for Anything Other than COVID-19** - Hospital should test the patient before discharge to an NCF to ensure the patient is not asymptomatic or pre-symptomatic positive. NCFs may refuse to admit a patient if a test is not administered. - NCFs should not wait until test results are available before readmission if the resident is clinically indicated for discharge, but should be prepared to quarantine a resident until test results are available. - A positive test result is not a reason to refuse readmission to a resident; rather, adhere to HAN 502.
Individual at Hospital for COVID-19 Being Discharged to NCF - Per HAN 502, if Transmission-Based Precautions are still required, the individual should go to an NCF with an ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients, and preferably be placed in a location designated to care for COVID-19 residents.	**Individual at Hospital for Anything Other than COVID-19 Being Discharged to NCF** - Hospital should test individual before discharge to a NCF to ensure patient is not asymptomatic or pre-symptomatic positive. NCFs may refuse to admit a patient if a test is not administered.

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- *NOTE*: Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge. - If individual has already tested positive for COVID-19, do not test again as a condition for admission. - A positive test result is not a reason to refuse admission to an individual; rather, adhere to HAN 502. - An NCF must continue to take new admissions, if appropriate beds are available, and a suspected or confirmed positive for COVID-19 is not a reason to deny admission.	- NCFs should not wait until test results are available before admission if the individual is clinically indicated for discharge, but should be prepared to quarantine the individual until test results are available. - A positive test result is not a reason to refuse admission to an individual; rather, adhere to HAN 502. - NCF must continue to take new admissions, if appropriate beds are available.

2. Cohorting Residents

If an NCF wishes to expand the number of beds or convert closed wings or entire facilities to support COVID-19 patients or residents, first review PA-HAN 496, Universal Message Regarding Cohorting of Residents in Skilled Nursing Facilities. If the facility's planned strategy appears to conform with PA-HAN 496, submit a request to the Department's appropriate field office for approval. Each request will be considered on a case-by-case basis, and dialogue with the facility will occur to acquire all details needed for the Department to render a decision. To ensure the Department has the necessary information to enter into that dialogue, include at a minimum the following information for the new or expanded space (if applicable) with the request:

- Number of beds and/or residents impacted, including whether residents will be moved initially.
- Whether the beds are Medicare or Medicaid (including proof of approval from the Department of Human Services to expand the number of Medical Assistance beds, if applicable).
- Location and square footage (with floor plan and pictures, if appropriate).
- Available equipment in the room.
- Staffing levels and plan for having adequate staffing for the duration of the cohorting.
- Plan for locating displaced residents including care of vulnerable residents (such as dementia residents) either in the same facility or sister facility.
- Description of how residents with COVID-19 will be handled (e.g., moving within the facility, admitted from other facilities, admitted from the hospital).
- Plan for discontinuing use of any new, altered or renovated space upon the expiration of the Governor's Proclamation of Disaster Emergency issued on March 6, 2020.
- Contact information for person responsible for the request.

Upon submission of the request, a representative from the Department will reach out to the facility's contact person to discuss next steps. Questions regarding this process can be directed to the appropriate field office.

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3. Mandatory Reporting through Knowledge Center

In accordance with the Order of the Secretary of Health issued on April 21, 2020, all NCFs licensed in the Commonwealth must complete the Nursing Care Facility Survey in the Knowledge Center at 8:00 a.m. daily. All fields indicated as mandatory must be completed. If any non-mandatory field has changed from the initial submission, the facility must update that field on the next calendar day's submission.

4. Visitors Policies

NCFs should limit outside visitors to the greatest extent possible to limit exposure for residents; however, there are some instances when visitation is necessary, which is outlined below. All visitors who enter the facility must adhere to universal masking protocols in accordance with HAN 492 and HAN 497. The following specific examples of inappropriate and appropriate visitation include:

1. Restrict all visitors, except those listed in the fourth bullet point below.

2. Restrict all volunteers, non-essential health care personnel and other non-essential personnel and contractors (e.g., barbers).

3. Restrict cross-over visitation from personal care home (PCH), Assisted Living Facility, and Continuing Care Community residents to the NCF. Ensure cross-over staff adhere to the facility's infectious disease protocol.

4. The following personnel are exempt from visitor restrictions and are therefore permitted to access NCFs:

    - Physicians, nurse practitioners, physician assistants, and other clinicians;
    - Home health and dialysis services;
    - The Department of Aging/Area Agency on Aging and the Department of Human Services *where there is concern for serious bodily injury, sexual abuse, or serious physical injury*; and
    - Hospice services, clergy and bereavement counselors, offered by licensed providers within the NCF, as well as the Department of Health or agents working on behalf of the Department, or local public health officials.

5. Infection Control and Personal Protective Equipment (PPE)

- The infection control specialists designated by the facility must review PPE guidelines with all staff.
- Residents may not engage in communal activities until their Region is designated as Green, per the Governor's guidance.
- Minimize resident interactions with other personnel and contractors performing essential services (e.g., plumbers, electricians, etc.) through actions such as using separate

entrances, performing service at off-hours, and performing only essential servicing activities.

- Arrange for deliveries to areas where there is limited person-to-person interaction.
- Evaluate environmental cleaning practices and increase frequency of cleaning and disinfection for high-touch surfaces.
- Refer to the following for guidance on infection control and PPE use, including universal masking for all persons entering the facility:
  - HAN 497 Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (COVID-19) in a Healthcare Setting
  - HAN 492, Universal Masking of Healthcare Workers and Staff in Congregate Care Settings

6. Screening

Continue active screening of residents and health care personnel for fever and respiratory symptoms (using a checklist for employees such as the one developed by the American Health Care Association and the National Center for Assisted Living). Staff should be screened at the beginning and end of every shift. All other personnel who enter the facility should be screened.

Health care personnel with even mild symptoms of COVID-19 should consult with occupational health before reporting to work. If symptoms develop while working, health care personnel must cease resident care activities and leave the work site immediately after notifying their supervisor or occupational health services, in accordance with facility policy.

7. Dining Services

- Provide in-room meal service for residents who are assessed to be *capable of feeding themselves* without supervision or assistance.

- Identify *high-risk choking residents and residents at-risk for aspiration* who may cough, creating droplets. Meals for these residents should be provided in their rooms with assistance. If meals cannot be provided in their rooms, the precautions outlined below must be taken for eating in a common area in addition to ensuring the residents remain at least six feet or more from each other.

- *Residents who need assistance with feeding* and eat in a common area should be spaced apart as much as possible, ideally six feet or more. Where it is not possible to have these residents six feet apart, then no more than one resident who needs assistance with feeding may be seated at a table (assuming a standard four-person table).

Precautions When Meals Are Served in a Common Area
➢ Stagger arrival times and maintain social distancing; ➢ Increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time;

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- Take appropriate precautions with eye protection and gowns for staff feeding the resident population at high-risk for choking, given the risk to cough while eating; and
- Staff members who are assisting more than one resident at the same time must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents.

This guidance is intended to assist with NCFs' response to COVID-19. With the Governor's authorization as conferred in the disaster proclamation issued on March 6, 2020, all statutory and regulatory provisions that would impose an impediment to implementing this guidance are suspended. Those suspensions will remain in place while the proclamation of disaster emergency remains in effect.

This updated guidance will be in effect **immediately** and through the duration of the Governor's COVID-19 Disaster Declaration. The Department may update or supplement this guidance as needed.

RESOURCES

Department's Guidance, FAQs, and Orders for Nursing Care Facilities:
https://www.health.pa.gov/topics/disease/coronavirus/Pages/Nursing-Homes.aspx
Department's Health Alerts, Advisories, and Updates:
https://www.health.pa.gov/topics/prep/PA-HAN/Pages/2020-HAN.aspx